

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000082543

FILED
Dec 10, 2007
Secretary of State

Entity Name: NEW TAMPA PROFESSIONAL BANQUET SERVICES, INC.

Current Principal Place of Business:

15310 AMBERLY DRIVE
STE 250
TAMPA, FL 33647 US

New Principal Place of Business:

5119 CYPRESS PALMS LN
TAMPA, FL 33647 US

Current Mailing Address:

15310 AMBERLY DRIVE
STE 250
TAMPA, FL 33647 US

New Mailing Address:

5119 CYPRESS PALMS LN
TAMPA, FL 33647 US

FEI Number: 20-0114881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCAMPO, ORESTES
15310 AMBERLY DRIVE
STE 250
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

OCAMPO, ORESTES
5119 CYPRESS PALMS LN
TAMPA, FL 33647 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ORESTES OCAMPO

12/10/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OCAMPO, ORESTES
Address: 15310 AMBERLY DRIVE STE 250
City-St-Zip: TAMPA, FL 33647 US

Title: T () Delete
Name: ARISTIZABAL, MARTHA
Address: 15310 AMBERLY DRIVE STE 250
City-St-Zip: TAMPA, FL 33647 US

Title: VP () Delete
Name: ARISTIZABAL, LUZ
Address: 15310 AMBERLY DRIVE STE 250
City-St-Zip: TAMPA, FL 33647 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OCAMPO, ORESTES
Address: 5119 CYPRESS PALMS LN
City-St-Zip: TAMPA, FL 33647 US

Title: T (X) Change () Addition
Name: ARISTIZABAL, MARTHA
Address: 5119 CYPRESS PALMS LN
City-St-Zip: TAMPA, FL 33647 US

Title: S (X) Change () Addition
Name: ARISTIZABAL, LUZ
Address: 5119 CYPRESS PALMS LN
City-St-Zip: TAMPA, FL 33647 US

Title: VP () Change (X) Addition
Name: RIVAS, RAMON
Address: 5119 CYPRESS PALMS LN
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORESTES OCAMPO

P

12/10/2007

Electronic Signature of Signing Officer or Director

Date